

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

 State File No. _____
 Registered No. 3016

1. PLACE OF BIRTH

 County Greenlee State Arizona
 Township Eagle Creek or Village _____
 City Morenci No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

 2. Full name of child Heriberto Cruz (If child is not yet named, make supplemental report, as directed)

 3. Sex M. If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth July 7, 1923
 (Month, day, year)

FATHER		MOTHER	
9. Full name	<u>Santiago Cruz</u>	18. Full maiden name	<u>Estefana Padilla</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>Morenci</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>Morenci</u>
11. Color or race <u>Mex</u>	12. Age at last birthday <u>62</u> (Years)	20. Color or race <u>Mex</u>	21. Age at last birthday <u>60</u> (Years)
13. Birthplace (city or place) <u>Mexico</u> (State or country)		22. Birthplace (city or place) <u>New Mexico</u> (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

 27. Number of children of this mother 6
 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn _____

 28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

 I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____ (Date of) _____

Registrar.

 (Signed) Estefana Padilla, M. D.
 or Estefana Padilla, mother, Midwife
Address Morenci, ArizonaFiled Dec 24, 1931 Pr. Vargas Registrar.
Lucas D. Howard M.D.

635-57